

OFFICE OF THE ATTORNEY GENERAL

TELEMARKETING COMPANY REGISTRATION STATEMENT

1.	LEGAL NAME OF TELEMARKETING COMPANY (hereinafter "Applicant")
_ 2.	PRINCIPAL BUSINESS LOCATION
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3.	PRINCIPAL BUSINESS LOCATION IN THIS STATE
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4. (PRINCIPAL BUSINESS TELEPHONE NUMBER)
5.	PRINCIPAL BUSINESS FAX NUMBER
()
6.	IF APPLICANT WILL DO BUSINESS UNDER A FICTITIOUS NAME-IDENTIFY WHERE SUCH NAME(S) ARE REGISTERED AND ATTACH A COPY OF ALL REGISTRATION DOCUMENTS.
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Page 1 TS-1 (7/02)

TELEMARKETING COMPANY REGISTRATION STATEMENT 7. A BRIEF DESCRIPTION OF THE GOODS AND/OR SERVICES APPLICANT WILL SELL 8. APPLICANT IS A: A. { } CORPORATION INCORPORATED IN THE STATE OF _ _. ATTACHED HERETO IS A COPY OF APPLICANT'S ARTICLES OF INCORPORATION, BYLAWS AND, IF APPLICANT IS A CORPORATION FORMED UNDER THE LAWS OF A STATE OTHER THAN THE COMMONWEALTH OF KENTUCKY, EVIDENCE OF APPLICANT'S QUALIFICATION TO DO BUSINESS IN THE COMMONWEALTH OF KENTUCKY. B. { } LIMITED LIABILITY COMPANY ORGANIZED IN THE STATE OF _____ ATTACHED HERETO IS A COPY OF APPLICANT'S ARTICLES OF ORGANIZATION, OPERATING AGREEMENT OR ITS EQUIVALENT AND, IF APPLICANT IS A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF A STATE OTHER THAN THE COMMONWEALTH OF KENTUCKY, EVIDENCE OF APPLICANT'S REGISTRATION AS A FOREIGN LIMITED LIABILITY COMPANY IN THE COMMONWEALTH OF KENTUCKY. C. { } GENERAL PARTNERSHIP OR JOINT VENTURE FORMED UNDER THE LAWS OF THE STATE OF ______. ATTACHED HERETO IS A COPY OF APPLICANT'S GENERAL PARTNERSHIP OR JOINT VENTURE AGREEMENT, AS APPLICABLE, APPLICANT'S FICTITIOUS OR ASSUMED NAME CERTIFICATE FOR ITS BUSINESS NAME, AND, IF APPLICANT IS A PARTNERSHIP OR JOINT VENTURE FORMED UNDER THE LAWS OF A STATE OTHER THAN THE COMMONWEALTH OF KENTUCKY. APPLICANT'S REGISTRATION AS A FOREIGN GENERAL PARTNERSHIP OR JOINT VENTURE IN THE COMMONWEALTH OF KENTUCKY. D. { } LIMITED PARTNERSHIP FORMED UNDER THE LAWS OF THE STATE OF . ATTACHED HERETO IS A COPY OF APPLICANT'S LIMITED PARTNERSHIP AGREEMENT AND, IF APPLICANT IS A LIMITED PARTNERSHIP FORMED UNDER THE LAWS OF A STATE OTHER THAN THE COMMONWEALTH OF KENTUCKY, EVIDENCE OF APPLICANT'S REGISTRATION AS A FOREIGN LIMITED PARTNERSHIP IN THE COMMONWEALTH OF KENTUCKY. { } NATURAL PERSON

Page 2 TS-1 (7/02)

	THE ANSWER TO QUESTION 9 IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SUCH PAR FITY, AND ATTACH HERETO THE INFORMATION REQUIRED BY SUBSECTIONS A, B, C, OR D OF QUESTION 8, AS PLICABLE, FOR EACH SUCH PARENT ENTITY:
A.	Name of Parent Entity:
	Parent Entity Address and Phone Number:
	Type of Entity: State Organized in:
B.	Name of Parent Entity:
	Parent Entity Address and Phone Number:
	Type of Entity:
	State Organized in:
IF 1	ES APPLICANT HAVE ONE OR MORE AFFILIATES THAT WILL EITHER ENGAGE IN A BUSINESS TRANSACTION FURCHASER RELATING TO ANY SALE SOLICITED BY APPLICANT OR ACCEPT RESPONSIBILITY FOR ANY ATEMENT OR ACT OF APPLICANT RELATING TO ANY SALE SOLICITED BY APPLICANT? THE ANSWER TO QUESTION 11 IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SUCH FILIATE AND ATTACH HERETO THE INFORMATION REQUIRED BY SUBSECTIONS A, B, C OR D OF QUESTION 8,
IF 1	THE ANSWER TO QUESTION 11 IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH SUCH

Page 3 TS-1 (7/02)

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Туре с	of Entity:						
State 0	Organized in:_				_		
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Page 4 TS-1 (7/02)

15. THE FOLLOWING INFORMATION IS PROVIDED PURSUANT TO KRS 367.46973 FOR EACH OF APPLICANTS OFICERS, DIRECTORS, TRUSTEES, GENERAL OR LIMITED PARTNERS, SOLE PROPRIETORS, AND PERSONS HAVING MANAGEMENT RESPONSIBILITIES IN THE APPLICANTS'S BUSINESS ACTIVITIES, AS APPLICABLE:

DATE OF BIRTH:			
OFFICE HELD:			
OWNERSHIP INTEREST:	YES { }	NO { }	
APPLICANT'S BUSINESS LOCAT	TION(S) RESPONSIBLE	FOR AND DUTIES:	
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- COMPLETE ADDRESS OF RESID	NENICE:		
COMPLETE ADDRESS OF RESIL	ENCE.		
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DRIVERS LICENSE #:		STATE OF ISSUANCE:	
NAME:			
DATE OF BIRTH:			
OFFICE HELD:			
OWNERSHIP INTEREST:	YES { }	NO { }	
APPLICANT'S BUSINESS LOCAT	TION(S) RESPONSIBLE	FOR AND DUTIES:	
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Page 5 TS-1 (7/02)

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		COMPLETE ADDRESS OF RESIDENCE:	
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		DRIVERS LICENSE #: STATI	E OF ISSUANCE:
	C.	. NAME:	
		DATE OF BIRTH:	
		OFFICE HELD:	
		OWNERSHIP INTEREST: YES { } NO {	
		APPLICANT'S BUSINESS LOCATION(S) RESPONSIBLE FOR AND I	DUTIES.
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		DATE OF BIRTH:	
		OFFICE HELD:	

Page 6 TS-1 (7/02)

	OWNERSHIP INTEREST:	YES { }	NO { }	
	APPLICANT'S BUSINESS LOCATION(S) RESPONSIBLE	FOR AND DUTIES:	
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Page 7 TS-1 (7/02)

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DRIVERS LICENSE #:		STATE OF ISSUANCE:	
NAME:			
DATE OF BIRTH:			
OFFICE HELD:			
OWNERSHIP INTEREST:	YES { }	NO { }	
APPLICANT'S BUSINESS LOCATION(S	S) RESPONSIBLE	FOR AND DUTIES:	
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COMPLETE ADDRESS OF RESIDENCE	:		
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Page 8 TS-1 (7/02)

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	COMPLETE ADDRESS OF RESIDENCE:		
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	 DRIVERS LICENSE #:	STATE OF ISSUANCE:	
D.	NAME:		
	DATE OF BIRTH:		_
	OFFICE HELD:		
	OWNERSHIP INTEREST: YES {	} NO { }	
	APPLICANT'S BUSINESS LOCATION(S) RESPON	ISIBLE FOR AND DUTIES:	
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	COMPLETE ADDRESS OF RESIDENCE:		
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17. THE FOLLOWING INFORMATION IS PROVIDED FOR EACH PERSON LISTED IN THE ANSWER TO QUESTIONS 15 OR 16 WHO:

Page 9 TS-1 (7/02)

- A. HAS BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING A VIOLATION OF THIS STATUTE, OR FRAUD, THEFT, EMBEZZLEMENT, FRAUDULENT CONVERSION, OR MISAPPROPRIATION OF PROPERTY, OR
- B. HAS HAD ENTERED AGAINST HIM A FINAL JUDGMENT OR ORDER IN A CIVIL OR ADMINISTRATIVE ACTION, INCLUDING A STIPULATED JUDGMENT OR ORDER, IF THE COMPLAINT OR PETITION IN THE CIVIL OR ADMINISTRATIVE ACTION ALLEGED ACTS CONSTITUTING A VIOLATION OF ANY TELEPHONE SOLICITATION STATUTE, FRAUD, THEFT, EMBEZZLEMENT, FRAUDULENT CONVERSION, OR MISAPPROPRIATION OF PROPERTY, THE USE OF UNTRUE OR MISLEADING REPRESENTATIONS IN AN ATTEMPT TO SELL OR DISPOSE OF REAL OR PERSONAL PROPERTY, OR THE USE OF UNFAIR, UNLAWFUL, OR DECEPTIVE BUSINESS PRACTICES, OR
- C. IS SUBJECT TO AN INJUNCTION OR RESTRICTIVE COURT ORDER RELATING TO BUSINESS ACTIVITY AS THE RESULT OF AN ACTION BROUGHT BY A FEDERAL, STATE, OR LOCAL PUBLIC AGENCY OR UNIT OF THAT AGENCY, INCLUDING, AN ACTION AFFECTING ANY VOCATIONAL LICENSE.

		(i)	NAME AND
			TITLE:
			COURT OR ADMINISTRATIVE AGENCY RENDERING CONVICTION, JUDGMENT OR ORDER:
			DOCKET AND CASE NUMBER:
			DATE OF CONVICTION, JUDGMENT OR ORDER:
			NAME OF GOVERNMENTAL AGENCY WHICH BROUGHT THE ACTION:
		_	
		(ii)	NAME AND TITLE:
			COURT OR ADMINISTRATIVE AGENCY RENDERING CONVICTION, JUDGMENT OR ORDER:
		_	DOCKET AND CASE NUMBER:
			DATE OF CONVICTION, JUDGMENT OR ORDER:
			NAME OF GOVERNMENTAL AGENCY WHICH BROUGHT THE ACTION:
		_	
18.	THE FOL		/ING INFORMATION IS PROVIDED FOR EACH PERSON LISTED IN THE ANSWER TO QUESTIONS 15 OR 16
	A.		ANY TIME DURING THE PREVIOUS SEVEN YEARS FILED IN BANKRUPTCY, BEEN ADJUDGED BANKRUPT, OR EN REORGANIZED BECAUSE OF INSOLVENCY; OR
	В.	RES HAS	EN A PRINCIPAL, DIRECTOR, OFFICER, TRUSTEE, GENERAL OR LIMITED PARTNER, OR HAD MANAGEMENT SPONSIBILITIES OF ANY OTHER CORPORATION, PARTNERSHIP, JOINT VENTURE, OR BUSINESS ENTITY THAT IS SO FILED OR WAS SO ADJUDICATED OR REORGANIZED, DURING OR WITHIN ONE YEAR AFTER THE RSON HELD THAT POSITION
		(i)	NAME & TITLE:
			NAME OF DEBTOR:
			IF DEBTOR IS NOT A NATURAL PERSON, THE PERSON'S TITLE AND DUTIES WITH DEBTOR:

Page 10 TS-1 (7/02)

		DATE BANKRUPTCY FILED:
		COURT WHERE CASE WAS FILED
		DOCKET AND CASE NUMBER:
		BANKRUPTCY CHAPTER OF CASE:
		NAME OF GOVERNMENTAL AGENCY WHICH BROUGHT THE ACTION:
		_
	(ii)	NAME & TITLE:
	(,	NAME OF DEBTOR:
		IF DEBTOR IS NOT A NATURAL PERSON, THE PERSON'S TITLE AND DUTIES WITH DEBTOR:
	_	
		DATE BANKRUPTCY FILED:
		COURT WHERE CASE WAS FILED
		DOCKET AND CASE NUMBER:
		BANKRUPTCY CHAPTER OF CASE:
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Page 11 TS-1 (7/02)

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		TELEPHONE NUMBER:	
	(iii)	FULL NAME:	
	, ,		
		DRIVERS LICENSE #:	STATE OF ISSUANCE:
		TELEPHONE NUMBER:	
		ASSUMED NAMES:	
	(iv)	EIIII NAME:	
	(14)		
		ADDRESS	
		DRIVERS LICENSE #-	STATE OF ISSUANCE:
		ASSUMED NAMES:	
В.		BINESS	
	LOC	CATION:	
	(i)	FULL NAME:	
		ADDRESS:	
		DRIVERS LICENSE #:	STATE OF ISSUANCE:
		TELEPHONE NUMBER:	
		ASSUMED NAMES:	

Page 12 TS-1 (7/02)

(ii)			
		STATE OF ISSUANCE:	
	ACCOMED IVAMES.		
(iii)	FULL NAME:		
	ADDRESS:		
	DRIVERS LICENSE #:	STATE OF ISSUANCE:	
	TELEPHONE NUMBER:		
	ASSUMED NAMES:		N
(iv)	FULL NAME:		
	ADDRESS:		
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	TELEPHONE NUMBER:		
	ASSUMED NAMES:		

20. WILL THE APPLICANT REPRESENT OR IMPLY, OR DIRECT SALESPERSONS TO REPRESENT OR IMPLY, TO PURCHASERS THAT THE PURCHASER WILL RECEIVE CERTAIN SPECIFIC ITEMS, INCLUDING A CERTIFICATE OF ANY TYPE WHICH THE PURCHASER MUST REDEEM TO OBTAIN THE ITEM DESCRIBED IN THE CERTIFICATE, OR ONE OR MORE ITEMS AMONG DESIGNATED ITEMS, WHETHER THE ITEMS ARE DENOMINATED AS GIFTS PREMIUMS, BONUSES, PRIZES, OTHERWISE?

Page 13 TS-1 (7/02)

		NO		•					
A.	LIST	OF ITEMS	OFFERED:						
	(i)				(v)				
	(iii)				(vii)				
B.			VALUE OR WORTH OF	EA CH ITEM	DESCRIBED	TO PROSPE	CTIVE PURCH	IASERS AND TH	ΕВ
	FOR	THE VAL	UATION:						
		ACTUAL	VALUE OF ITEM	BASIS F	OR VALUA	<u>TION</u>			
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	(ii)	\$							
	(iii)	\$							
	(iv)	\$							
	(1/1)	\$							
	(v)								
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Page 14 TS-1 (7/02)

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	(iii)) NAME:
		ADDRESS:
		TELEPHONE NUMBER:
	(iv) NAME:
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		TELEPHONE NUMBER:
	(v)	NAME:
		ADDRESS:
		TELEPHONE NUMBER:
	(vi) NAME:
	(**)	ADDRESS:
		TELEPHONE NUMBER:
21.		JRCHASER RECEIVE FEWER THAN ALL OF THE ITEMS DESCRIBED BY THE APPLICANT?
	YES*	NO*If YES Answer the Following:
	A. TH	E MANNER IN WHICH THE MERCHANT DECIDES WHICH ITEM EACH PROSPECTIVE PURCHASER IS TO RECEIVE:
	_	
	_	
	_	
	-	

Page 15 TS-1 (7/02)

	B.	THE ODDS A SINGLE PROSPECTIVE PURCHASER HAS OF RECEIVING EACH DESCRIBED ITEM:				
	_					
		THE NAME AND ADDRESS OF EACH RECIPIENT WHO HAS, DURING THE PRECEDING 12 MONTHS, OR IF THE APPLICANT HAS NOT BEEN IN BUSINESS THAT LONG, DURING THE PERIOD THE APPLICANT HAS BEEN IN BUSINESS, RECEIVED THE ITEM HAVING THE GREATEST VALUE AND THE ITEM WITH THE SMALLEST ODDS OF BEING RECEIVED:				
		RECIPIENT OF ITEM HAVING THE GREATEST VALUE:				
		NAME:				
		ADDRESS:				
		_				
		RECIPIENT OF ITEM HAVING THE SMALLEST ODDS OF BEING RECEIVED:				
		NAME:ADDRESS:				
		ADDITESS.				
		ALL RULES, REGULATIONS, TERMS AND CONDITIONS A PROSPECTIVE PURCHASER MUST MEET IN ORDER TO RECEIVE THEM:				
		_				
		_				
22.		APPLICANT BE OFFERING AN INVESTMENT, BUSINESS OR EMPLOYMENT OPPORTUNITY? * NO *If YES Answer the Following:				
	A.	THE NUMBER OF CONSUMERS OR INVESTORS WHO HAVE PARTICIPATED TO DATE:				
		THE ACTUAL EXPERIENCE OF THE CONSUMERS OR INVESTORS AS MEASURED BY STANDARDS USED IN THE SALES PRESENTATIONS:				
	_					

Page 16 TS-1 (7/02)

_			
-			
22 JANUA APPLICANT PROVIDE A CALEC CODITY DOCU		NO ADE DECLIDED TO FOLL	214/2
23. WILL APPLICANT PROVIDE A SALES SCRIPT DOCU YES* NO	MENT SALESPERSO		
TESNO		_ 11 123 PROV	IDE A COPT
I,, CER	TIFY THAT I AM	(TITLE)	
OF THE THE PRIMARE COLLECTATION MEDICIANT		, ,	
OF THE TELEPHONE SOLICITATION MERCHANT,	(NAME OF TELEF	PHONE SOLICITATION MERCH	ANT
LOCATED AT			AND THAT THE
			_, , , (10)
STATEMENTS IN THE ABOVE REGISTRATION ARE TRUE			
		SIGNATURE	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	DAY OF	, 20	
		NOTARY PUBLIC	
	MY COMMISSION	EXPIRES	

Page 17 TS-1 (7/02)

ATTACHMENTS

- A. A COPY OF ALL SCRIPTS, OUTLINES, OR PRESENTATIONS APPLICANT WILL REQUIRE ANY OF ITS SALES PERSONNEL TO USE WHEN SOLICITING BUSINESS
- B. A COPY OF ALL OTHER SALES INFORMATION OR LITERATURE APPLICANT HAS PROVIDED, OR INTENDS TO PROVIDE, TO ITS SALES PERSONNEL.
- C. A COPY OF ALL SALES INFORMATION OR LITERATURE APPLICANT DOES, OR INTENDS TO, PROVIDE TO ANY PROSPECTIVE OR ACTUAL PURCHASER
- D. SURETY BOND
- E. REGISTRATION FEE
- F. FICTITIOUS NAME REGISTRATION, IF APPLICABLE
- G. PREMIUM BOND, IF APPLICABLE
- H. COPY OF APPLICABLE MATERIALS REQUESTED BY QUESTION #8
- I. CONSENT FOR SERVICE

MAIL THIS REGISTRATION STATEMENT TO:

OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION TELEPHONE SOLICITATION 1024 CAPITAL CENTER DRIVE, SUITE 200 FRANKFORT, KY 40601

Page 18 TS-1 (7/02)

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION INCLUDING AUXILIARY AIDS AND SERVICES NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.

Page 19 TS-1 (7/02)